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ADEMA.		Application Number	10/806	10/806,775							
TR	RANSMITTAL	Filing Date	March 2	March 22, 2004							
	FORM	First Named Inventor	Hopkins	Hopkins							
		Art Unit	3745	3745							
(to be used for	r all correspondence after initial filing)	Examiner Name	Nguye	uyen, Ninh H.							
Total Number o	f Pages in This Submission	Attorney Docket Number	Hunt:F	anArr1							
ENCLOSURES (Check all that apply)											
Amendm A A A A A A A A A A A A A A A A A A A	ree Attached  ent/Reply  ifter Final  iffidavits/declaration(s)  in of Time Request  Abandonment Request  on Disclosure Statement  18b, and attached  it references  Copy of Priority  it(s)	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on orks  receipt postcard	e Address	Appea of Appea (Appea (Appea) Proprii Status Other below)	Allowance Communication to TC al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) etary Information a Letter Enclosure(s) (please Identify):  Temarks						
	CICNATURE (	OF ADDUCANT ATT	ODNEY O	DACENT							
Firm Name		OF APPLICANT, ATT	UKNET, U	RAGENI							
	Law Office of Karen Da	na Oster, LLC									
	Signature West Catho										
Printed name	Karen Dana Oster										
Date	March 15, 2005		Reg. No.	o. 37,621							
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signature	Theren	//-/									
Typed or printed name Karen Dana Oster					March 15, 2005						

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Effective on 12/08/2004.	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/806,775						
FEE TRANSMITTAL	Filing Date	March 22, 2004						
For FY 2005	First Named Inventor	Hopkins						
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Nguyen, Ninh H.						
	Art Unit	3745						
TOTAL AMOUNT OF PAYMENT (\$) 965	Attorney Docket No.	Hunt:FanArr1						
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Solution Solution    Solution								
Deposit Account Deposit Account Number: 50-2115  For the above-identified deposit account, the Director is he	Deposit Account N reby authorized to: (check							
Charge fee(s) indicated below								
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Charge any additional fee(s) or underpayments of fe under 37 CFR 1.16 and 1.17	oroalt arry of	-						
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FEE CALCULATION	<del></del>							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEAF		MINATION FEES						
Application Type Fee (\$) Fee (\$) Fee (\$)	Small Entity (5) Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)					
Utility 300 150 500	250 200	0 100	0					
Design 200 100 100	50 130	0 65 _						
Plant 200 100 300	150 166	0 80 _						
Reissue 300 150 500	250 600	0 300 _						
Provisional 200 100 0	0	0 0 _						
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small Entity Fee (\$) Fee (\$)  25  100  100  180								
	\7 <i>E</i>	ple Dependent Claims e (\$)   Fee Paid (\$	\$)					
HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$)  2 - 3 or HP = 0 x 100 =  HP = highest number of independent claims paid for, if greater than 3	Paid (\$) 0		_					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Cround up to a whole number) x 125 = 0								
OTHER FEE(S)     Submission of an Information Disclosure Stateme     Three Month Extension Fee	nt		Fees Paid (\$) 180 510					

SUBMITTED BY						
Signature	Thom	Chtrs	Registration No. (Attorney/Agent)	37,621	Telephone	(503) 810-2560
Name (Print/Type)	Karen Dana Oster		-	•	Date N	March 15, 2005

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